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CONFIRMATION NO. 4918

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APPLICANTS Peter Gho		irlight, AUSTI	RALIA;									
** CONTINUING This appli		A ********* s a 371 of PC			06/17/2004							
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** IF REQUIRE 01/20/200		EIGN FILING	LICENS	E GRA	NTED **							
Foreign Priority claime: 35 USC 119(a-d) condi	-	Yes No	Met af	ter	STATE OR COUNTRY		HEETS	TOT		INDEPENDENT CLAIMS		
Verified and /H Acknowledged T	KAREN C Examiner's	CARLSON/ Signature	Initials		AUSTRALIA		26	36	3	2		
ADDRESS												
P.O. BOX	2903 OLIS,	GOULD PC MN 55402-09 S	903									
TITLE												
Connectiv	e tissu	e derived pol	ypeptides									
							☐ All Fees					
							☐ 1.16 Fees (Filing)					
	FEES: Authority has been given in Paper No. to charge/credit DEPOSIT ACCOUNT					☐ 1.17 Fees (Processing Ext. of time)						
	No for following:						☐ 1.18 Fees (Issue)					
							☐ Other					
							☐ Credit					
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CLASS